FORM PTO (REV 12-20		NT OF COMMERCE PATENT AND TRADEMARK OFFICE	ATTORNEYS DOCKET NUMBER					
	TRANSMITTAL LETTER	TO THE UNITED STATES	701826-058300 U.S. APPLICATION NO. (If known, see 37 CFR 1.5)					
	DESIGNATED/ELECTE CONCERNING A FILIN	ED OFFICE (DO/EO/US) G UNDER 35 U.S.C. 371	10/588,631					
INTERN	IATIONAL APPLICATION NO.	INTERNATIONAL FILING DATE	PRIORITY DATE CLAIMED					
PCT/CA2005/000250		07 February 2005	06 February 2004					
TITLE O	TITLE OF INVENTION: A METHOD FOR THE SIMULTANEOUS DETERMINATION OF BLOOD GROUP AND PLATELET ANTIGEN GENOTYPES							
APPLIC	ANT(S) FOR DO/EO/US: CANADIAN	N BLOOD SERVICES; and DENOMME, Gregory	y A.					
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: 1.								
Items 11 to 20 below concern document(s) or information included: 11.□ An Information Disclosure Statement under 37 CFR 1.97 and 1.98.								
12.□	An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.							
13.ເ€	A SECOND preliminary amendment.							
14. 🗆	An Application Data Sheet under 37 CFR 1.76.							
15.□	A substitute specification.							
16.□	A change of power of attorney and/or address letter.							
17. E	A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821 - 1.825.							
18. 🗆	A second copy of the published international application under 35 U.S.C. 154(d)(4).							
19. 🗆	A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).							
20. 🗷	Other items or information: Statement Accompanying Sequence Listing; Paper Copy of Sequence Listing; Petition for One Month Extension of Time.							

INTERNATIONAL APPLICATION NO.			INTERNATIONAL FI	LING DATE	PRIORITY DATE CLAIMED	
PCT/CA2005/000250			07 February 2005		06 February 2004	
The following fees are submitted:					CALCULATIONS	PTO USE ONLY
21.					\$	
22. Examin	ation fee			\$210.00	\$	
If the written opinion prepared by ISA/US or the international preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4)						
23. Search	fee			\$510.00	\$	
If the written opinion prepared by ISA/US or the international preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4)						
TO	TAL OF 21, 22 a	nd 23 =		\$	\$	
Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing in compliance with 37 CFR 1.821(c) or (e) or computer program listing filed in an electronic medium) (37 CFR 1.492(j)). The fee is \$260 for each additional 50 sheets of paper or fraction thereof.						
Total Sheets E	xtra sheets		of each additional 50 or nereof (round up to a mber)	RATE		
- 100 =	/50 =			x \$260.00	\$	
Surcharge of \$130 earliest claimed pr			declaration later than 30 i	nonths from the	\$	
CLAIMS NUMBER FILED		FILED	NUMBER EXTRA	RATE		
Total claims		32- 20 =	12	x \$50.00	\$ 600.00	
Independent claims		8-3=	5	x \$210.00	\$ 1050.00	
MULTIPLE DEPE	ENDENT CLAIM	(S) (if appli	cable)	+ \$370.00	\$	
	тот	AL OF	ABOVE CALCUI	LATIONS =	\$ 1650.00	
Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.					\$	
SUBTOTAL =					\$ 1650.00	
FEES PREVIOUSLY PAID (AUGUST 7, 2006):					\$ 1600.00	
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).					\$	
TOTAL NATIONAL FEE =					\$ 50.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +					\$	
TOTAL FEES ENCLOSED =					\$ 50.00	
					Amount to be refunded:	\$
					Amount to be charged:	\$

a.		A check in the amount of \$ to cover the above fees is enclosed.				
b.	×	Please charge my Deposit Account No. $50-0850$ in the amount of $$50.00$ to cover the above fees. A duplicate copy of this sheet is enclosed.				
c.	×	The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>50-0850</u> .				
		Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.						
SEND ALL CORRESPONDENCE TO:						
			/Stephen R. Duly/			
			SIGNATURE			
NIXON PEABODY LLP			David S. Resnick / Stephen R. Duly			
100 Summer Street		nmer Street	NAME			
Boston, MA 02110-2131		MA 02110-2131	34,235 / 56,183			
			REGISTRATION NUMBER			